

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		393463.33
(b) Cash on Hand at Beginning of Reporting Period.....	690540.19	
(c) Total Receipts (from Line 19)	69976.71	926056.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	760516.90	1319519.44
7. Total Disbursements (from Line 31).....	76673.00	635675.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	683843.90	683843.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42292.18	619290.00
(ii) Unitemized	27598.57	302044.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69890.75	921334.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	69890.75	921334.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	85.96	722.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69976.71	926056.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69976.71	926056.11

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6673.00	32550.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6673.00	32550.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	70000.00	591000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	125.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	125.00
29. Other Disbursements	0.00	12000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76673.00	635675.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76673.00	635675.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69890.75	921334.10
34. Total Contribution Refunds (from Line 28(d))	0.00	125.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69890.75	921209.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6673.00	32550.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6673.00	32550.54

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Barbara A Scheetz
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 Hawthorne Dr
 City West Des Moines State IA Zip Code 50265-2019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34055923
 Amount of Each Receipt this Period
 250.00

B. Dr Peter Charles Dubin
 Full Name (Last, First, Middle Initial)
 Mailing Address 3397 Charleston Highway
 City Walterboro State SC Zip Code 29488-6122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34055924
 Amount of Each Receipt this Period
 125.00

C. Dr Gabrielle W Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2463 Nw 1St Street
 City Bend State OR Zip Code 97701-1246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : 34067017
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Marsha J Beach

Mailing Address 652 Cloverglenn Drive

City State Zip Code
 Grand Junction CO 81504-5114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : 34067018

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dr Wendy Larice Broussard

Mailing Address 2726 Susie Drive

City State Zip Code
 Port Arthur TX 77640-1337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed O.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : 34067021

Amount of Each Receipt this Period
 60.84

Full Name (Last, First, Middle Initial)
C. Dr Kathleen E Powell

Mailing Address 9710 Copper Drive

City State Zip Code
 Anchorage AK 99507-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068013

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.84

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Dirk Michael Beyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 709 South 5Th St
 City Hamilton State MT Zip Code 59840-2755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1210.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068015
 Amount of Each Receipt this Period
 144.29

B. Dr Robert L Owens II
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Century Lane
 City Newmanstown State PA Zip Code 17073-8982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068016
 Amount of Each Receipt this Period
 50.00

C. Dr Philip J. Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Wintergreen Way
 City Magnolia State DE Zip Code 19962-1474
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068017
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	244.29
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert L Jarrell III
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Cedar Hill Rd
 City Albuquerque State NM Zip Code 87122-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2285.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068018
 Amount of Each Receipt this Period
 285.72

B. Dr George Edward Ozer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2316 Meetinghouse Road
 City Upper Chichester State PA Zip Code 19061-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2011
Transaction ID : 34068019
 Amount of Each Receipt this Period
 100.00

C. Dr Stanley Woo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Nicholson St
 City Houston State TX Zip Code 77008-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2011
Transaction ID : 34068100
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 635.72
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Harvey B Richman FAAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 Main Street
 City Manasquan State NJ Zip Code 08736-3558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2011
Transaction ID : 34068101
 Amount of Each Receipt this Period
41.67

B. Dr Julie A Toon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Longwood Cir
 City Wichita State KS Zip Code 67226-1157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2011
Transaction ID : 34068102
 Amount of Each Receipt this Period
50.00

C. Dr Joseph P Shovlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1308 Oakmont Road
 City Clarks Summit State PA Zip Code 18411-2061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2011
Transaction ID : 34068105
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **591.67**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Casey M Roelfs

Mailing Address 1254 Noble Hills

City Boone State IA Zip Code 50036-7569

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt **12 / 05 / 2011**

Transaction ID : 34068133

Amount of Each Receipt this Period **30.42**

Full Name (Last, First, Middle Initial)
B. Dr David Edward Magnus

Mailing Address P O Box 2144

City Corrales State NM Zip Code 87048-2144

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 05 / 2011**

Transaction ID : 34068134

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)
C. Dr Adrian Tenorio

Mailing Address 1702 Royal Dr

City Las Cruces State NM Zip Code 88011-4926

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 05 / 2011**

Transaction ID : 34068135

Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **105.42**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 126

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jeffrey J Neighbors

Mailing Address 119 S Cadwell

City	State	Zip Code
Eagle Grove	IA	50533-2121

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

12 / 05 / 2011

Transaction ID : 34068137

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Clarke D Newman

Mailing Address 7700 Greenway Blvd A-4

City	State	Zip Code
Dallas	TX	75209-7324

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

12 / 05 / 2011

Transaction ID : 34068138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Gregory J Goetzinger

Mailing Address 1642 Madelyn Drive

City	State	Zip Code
Carthage	MO	64836-8703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

12 / 06 / 2011

Transaction ID : 34085128

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ▶

370.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mary Anne C Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 16683 Cathedral Way

City Broomfield State CO Zip Code 80023-4645

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : 34085129

Amount of Each Receipt this Period
25.00

B. Dr John D Coble
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Sunset Hill

City Rockwall State TX Zip Code 75087-3216

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.85**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 06 / 2011

Transaction ID : 34085130

Amount of Each Receipt this Period
83.35

C. Dr Ryan P Ames
Full Name (Last, First, Middle Initial)

Mailing Address 48 W 15Th Ave

City Oshkosh State WI Zip Code 54902-6510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34085651

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	233.35
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Paul William Heersink
 Full Name (Last, First, Middle Initial)
 Mailing Address 2094 West Hwy 160
 City State Zip Code
 Monte Vista CO 81144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34085653
 Amount of Each Receipt this Period
 250.00

B. Dr Gerald P Lubert
 Full Name (Last, First, Middle Initial)
 Mailing Address 10620 Kincer Farms Dr
 City State Zip Code
 Knoxville TN 37922-5556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34085654
 Amount of Each Receipt this Period
 250.00

C. Dr William D Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 15638 Indianhead Lane
 City State Zip Code
 Strongsville OH 44136-5334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : 34086365
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Christopher J Eiler

Mailing Address 6507 Peytonsville Arno Rd

City State Zip Code
 College Grove TN 37046-9136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : 34086416

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dr Andrew Ray Adamich

Mailing Address P O Box 711

City State Zip Code
 Gunnison CO 81230-0711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : 34086504

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Dr Jeremy M Durham

Mailing Address 1233 Seasons Ct

City State Zip Code
 Goddard KS 67052-8534

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011
Transaction ID : 34088138

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Joel Gregory Bailey
Full Name (Last, First, Middle Initial)

Mailing Address 311 Pond View Lane

City Lexington State SC Zip Code 29072-2419

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2011
Transaction ID : 34088139

Amount of Each Receipt this Period 250.00

B. Dr Cheryl T Stoker
Full Name (Last, First, Middle Initial)

Mailing Address 825 Parkway Dr

City Natchitoches State LA Zip Code 71457-5535

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 816.64

Date of Receipt 12 / 07 / 2011
Transaction ID : 34088140

Amount of Each Receipt this Period 50.00

C. Dr Laura C Dake-Roche
Full Name (Last, First, Middle Initial)

Mailing Address 177 Steele Road

City West Hartford State CT Zip Code 06119-1050

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 05 / 2011
Transaction ID : 34088398

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Shelby Wickhorst			Date of Receipt
Mailing Address 11801 Ne 26Th Pl			M M / D D / Y Y Y Y Y Y 12 / 06 / 2011
City	State	Zip Code	Transaction ID : 34088401
Vancouver	WA	98686-3172	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation		
Self Employed	Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) B. Dr Jacqueline M Bowen			Date of Receipt
Mailing Address 3930 W 19Th St Ln			M M / D D / Y Y Y Y Y Y 12 / 08 / 2011
City	State	Zip Code	Transaction ID : 34093266
Greeley	CO	80634-3446	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupation		
Self Employed	Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	600.00		

Full Name (Last, First, Middle Initial) C. Dr Adam P Parker			Date of Receipt
Mailing Address 10800 Rimber Cte			M M / D D / Y Y Y Y Y Y 12 / 08 / 2011
City	State	Zip Code	Transaction ID : 34093267
Glen Allen	VA	23060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation		
Self Employed	Doctor of Optometry		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	360.00		

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Sean Michael Stevens
Full Name (Last, First, Middle Initial)

Mailing Address 23 Farm Brook Way

City Simpsonville State SC Zip Code 29681-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 08 / 2011
Transaction ID : 34093268

Amount of Each Receipt this Period
125.00

B. Dr Albert S Licup
Full Name (Last, First, Middle Initial)

Mailing Address 226 S Harvey Ave

City Oak Park State IL Zip Code 60302-3312

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
12 / 08 / 2011
Transaction ID : 34093269

Amount of Each Receipt this Period
20.00

C. Dr Rebecca H Wartman
Full Name (Last, First, Middle Initial)

Mailing Address 46 Lambeth Walk

City Fairview State NC Zip Code 28730-7721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
12 / 08 / 2011
Transaction ID : 34093270

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	345.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Terry L Kirkland

Mailing Address 4414 Barbados

City State Zip Code
 Wichita Falls TX 76308-4036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2011
Transaction ID : 34093271

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Robert P Nyre

Mailing Address 2505 10Th Ave Nw

City State Zip Code
 Minot ND 58703-1754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2011
Transaction ID : 34093272

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Dr Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City State Zip Code
 Orange CA 92867-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2011
Transaction ID : 34093273

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Geoffrey W Goodfellow
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Aspen Dr
 City Beecher State IL Zip Code 60401-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2011
Transaction ID : 34093274
 Amount of Each Receipt this Period
 20.00

B. Dr Frederick P Darin
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Tirrell Rd
 City Charlotte State MI Zip Code 48813-2131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2011
Transaction ID : 34094016
 Amount of Each Receipt this Period
 50.00

C. Dr Jeffrey Lance Weaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 3662 Boston'S Farm Drive
 City Bridgeton State MO Zip Code 63044-3167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 34094479
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mark David Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 1887 Isett Ave N

City Muscatine	State IA	Zip Code 52761-9747
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 34094481

Amount of Each Receipt this Period
125.00

B. Dr Janice M Mc Mahon
Full Name (Last, First, Middle Initial)
Mailing Address 308 Vernon Ave

City Wheaton	State IL	Zip Code 60187-4643
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 34094482

Amount of Each Receipt this Period
20.00

C. Dr William Drost Altig
Full Name (Last, First, Middle Initial)
Mailing Address 520 Cr 4856

City Newark	State TX	Zip Code 76071
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 34094483

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	645.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Tracie M King
 Full Name (Last, First, Middle Initial)
 Mailing Address 1323 South Hanover St
 City Baltimore State MD Zip Code 21230-4220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 34094484
 Amount of Each Receipt this Period
 125.00

B. Dr Jonathan R Bundy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3045 N Hozoni Rd
 City Prescott State AZ Zip Code 86305-3992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 34094485
 Amount of Each Receipt this Period
 50.00

C. Dr Victoria Ann Blower
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Loussac Dr
 City Anchorage State AK Zip Code 99517-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 34094487
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Lynn Smith Hammonds			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>09</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 34094488	M	M	/	D	D	/	Y	Y	Y	Y	12			09			2011			
M	M	/	D	D	/	Y	Y	Y	Y														
12			09			2011																	
Mailing Address 2725 Smyer Road			Amount of Each Receipt this Period <table border="1"> <tr> <td>166.67</td> </tr> </table>	166.67																			
166.67																							
City Vestavia	State AL	Zip Code 35216-1026																					
FEC ID number of contributing federal political committee. C		Occupation Doctor of Optometry																					
Name of Employer Self Employed																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>666.68</td> </tr> </table>		666.68																				
666.68																							

Full Name (Last, First, Middle Initial) B. Dr Troy D Raber			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>09</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 34094489	M	M	/	D	D	/	Y	Y	Y	Y	12			09			2011			
M	M	/	D	D	/	Y	Y	Y	Y														
12			09			2011																	
Mailing Address 195 Masters Ln			Amount of Each Receipt this Period <table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																							
City Magnolia	State DE	Zip Code 19962-1186																					
FEC ID number of contributing federal political committee. C		Occupation Executive Director																					
Name of Employer Delaware Optometric Association																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table>		250.00																				
250.00																							

Full Name (Last, First, Middle Initial) C. Dr Barbara L Horn			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td> <td>09</td><td></td><td></td> <td>2011</td><td></td><td></td><td></td> </tr> </table> Transaction ID : 34094490	M	M	/	D	D	/	Y	Y	Y	Y	12			09			2011			
M	M	/	D	D	/	Y	Y	Y	Y														
12			09			2011																	
Mailing Address 61269 Coralburst Dr			Amount of Each Receipt this Period <table border="1"> <tr> <td>168.18</td> </tr> </table>	168.18																			
168.18																							
City Washington	State MI	Zip Code 48094-1746																					
FEC ID number of contributing federal political committee. C		Occupation Doctor of Optometry																					
Name of Employer Self Employed																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1999.98</td> </tr> </table>		1999.98																				
1999.98																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>459.85</td> </tr> </table>	459.85
459.85		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Brian F Rowley
Full Name (Last, First, Middle Initial)

Mailing Address 619 N 330 W

City Santaquin State UT Zip Code 84655-5099

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 34094492

Amount of Each Receipt this Period
25.00

B. Dr David J Shippee
Full Name (Last, First, Middle Initial)

Mailing Address Box 307

City Sherman Oaks State ME Zip Code 04777

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt
12 / 09 / 2011
Transaction ID : 34094493

Amount of Each Receipt this Period
41.66

C. Dr Kenneth Ray Moultrie
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Gaslight Way

City Huntsville State AL Zip Code 35801-1555

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 09 / 2011
Transaction ID : 34094898

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.66

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Douglas Owen Fleming
 Full Name (Last, First, Middle Initial)
 Mailing Address 20720 Saratoga Rd
 City Sonora State CA Zip Code 95370-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : 34095079
 Amount of Each Receipt this Period
 500.00

B. Dr Kenneth L Ryfkogel Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 75-1015 Henry St
 City Kailua Kona State HI Zip Code 96740-1681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : 34095082
 Amount of Each Receipt this Period
 250.00

C. Dr Shelby D Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3939 62Nd Ave E
 City Fife State WA Zip Code 98424-2377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : 34107826
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Paul Philippe Cote
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Little Androscoggin Drive
 City Auburn State ME Zip Code 04210-8884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : 34107827
 Amount of Each Receipt this Period
 41.67

B. Dr Joe Ernest Ellis
 Full Name (Last, First, Middle Initial)
 Mailing Address 179 Wood Trace
 City Benton State KY Zip Code 42025-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : 34107829
 Amount of Each Receipt this Period
 166.67

C. Dr Gilbert E Pierce
 Full Name (Last, First, Middle Initial)
 Mailing Address 8639 Olenbrook Drive
 City Lewis Center State OH Zip Code 43035-8702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2011
Transaction ID : 34107830
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms Bj Avery			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2011 Transaction ID : 34107831		
Mailing Address 1104 West Avenue			Amount of Each Receipt this Period 20.00		
City Austin	State TX	Zip Code 78701-2020			
FEC ID number of contributing federal political committee. C					
Name of Employer Texas Optometric Assn Inc		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) B. Dr Paul Schroeder			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2011 Transaction ID : 34107834		
Mailing Address 616 12Th Street Sw			Amount of Each Receipt this Period 25.00		
City Le Mars	State IA	Zip Code 51031-2265			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name (Last, First, Middle Initial) C. Dr Gregory Willard Hicks			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2011 Transaction ID : 34107835		
Mailing Address 419 Bogart Road East			Amount of Each Receipt this Period 166.00		
City Sandusky	State OH	Zip Code 44870-6404			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional).....▶	211.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Gregory W Kraupa
 Full Name (Last, First, Middle Initial)
 Mailing Address 4280 Reiland Lane
 City Shoreview State MN Zip Code 55126-3127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2011
Transaction ID : 34107836
 Amount of Each Receipt this Period
 42.00

B. Dr Robert Craig Janot
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Orchard Drive
 City Sulphur State LA Zip Code 70663-6268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2011
Transaction ID : 34107837
 Amount of Each Receipt this Period
 41.67

C. Dr Michael Ernest Heil
 Full Name (Last, First, Middle Initial)
 Mailing Address 25904 210Th Ave South East
 City Maple Valley State WA Zip Code 98038-7530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2011
Transaction ID : 34107838
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.67
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Andrea E Bethel
Full Name (Last, First, Middle Initial)

Mailing Address 1621 Terra Del Sol Dr Se

City Rio Rancho State NM Zip Code 87124-8709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
12 / 11 / 2011
Transaction ID : 34107839

Amount of Each Receipt this Period
50.00

B. Dr Denise Lynn Thanepohn
Full Name (Last, First, Middle Initial)

Mailing Address 130 Beaufort Circle

City Anchorage State AK Zip Code 99515-3706

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 11 / 2011
Transaction ID : 34107840

Amount of Each Receipt this Period
100.00

C. Dr Michael G Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 3366 Ambleside Drive

City Flushing State MI Zip Code 48433-9784

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
12 / 11 / 2011
Transaction ID : 34107843

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **192.00**

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 30 OF 126
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Denis Robert Holmes
Full Name (Last, First, Middle Initial)

Mailing Address 1313 Old Samish Road

City	State	Zip Code
Bellingham	WA	98229-8505

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011

Transaction ID : 34111562

Amount of Each Receipt this Period
 200.00

B. Dr Randolph E Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 3 Schindler Drive

City	State	Zip Code
Succasunna	NJ	07876-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011

Transaction ID : 34111563

Amount of Each Receipt this Period
 200.00

C. Dr Gregory W Payne
Full Name (Last, First, Middle Initial)

Mailing Address 4810 Maidstone Ct

City	State	Zip Code
Suwanee	GA	30024-3305

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011

Transaction ID : 34111565

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Edward M Kosnoski
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Kensington Ave S
 City Kent State WA Zip Code 98030-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 12 / 2011**
Transaction ID : 34111567
 Amount of Each Receipt this Period **250.00**

B. Dr David J Hilber
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Tredmore Road
 City Bel Air State MD Zip Code 21015-8605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **765.00**

Date of Receipt **12 / 08 / 2011**
Transaction ID : 34112154
 Amount of Each Receipt this Period **365.00**

C. Dr John D Dodd
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Webster St Po Box 2100
 City Corinth State MS Zip Code 38834-3543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **12 / 08 / 2011**
Transaction ID : 34112155
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....▶	815.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jerry M Winston
Full Name (Last, First, Middle Initial)

Mailing Address 900 Harbor Pointe Way

City Knoxville State TN Zip Code 37922-4153

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2011
Transaction ID : 34112156

Amount of Each Receipt this Period 500.00

B. Dr Eric J Hebert
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1494

City Rockland State ME Zip Code 04841-1494

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 08 / 2011
Transaction ID : 34112159

Amount of Each Receipt this Period 240.00

C. Dr Charles W Harrill
Full Name (Last, First, Middle Initial)

Mailing Address 8010 Strawhorn Drive

City Mechanicsville State VA Zip Code 23116-3833

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 08 / 2011
Transaction ID : 34112167

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1105.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mike E Todd
Full Name (Last, First, Middle Initial)

Mailing Address 15 Huntington

City Augusta State KS Zip Code 67010-2320

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 08 / 2011
Transaction ID : 34112173

Amount of Each Receipt this Period
125.00

B. Dr Diane Cowger
Full Name (Last, First, Middle Initial)

Mailing Address 460 Silver Oaks Drive

City Harrisonburg State VA Zip Code 22801-3579

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 12 / 2011
Transaction ID : 34113144

Amount of Each Receipt this Period
500.00

C. Dr Brian D Cin
Full Name (Last, First, Middle Initial)

Mailing Address 17342 Alice Loop

City Eagle River State AK Zip Code 99577-7579

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
12 / 13 / 2011
Transaction ID : 34113161

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 675.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Edwin Y Endo
 Full Name (Last, First, Middle Initial)
 Mailing Address 98828 Hiliu Pl
 City State Zip Code
 Aiea HI 96701-2785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 499.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2011
Transaction ID : 34113163
 Amount of Each Receipt this Period
 41.66

B. Dr Jeffrey David Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Trey Moor Drive
 City State Zip Code
 Alabaster AL 35007-3150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2011
Transaction ID : 34113164
 Amount of Each Receipt this Period
 50.00

C. Dr Kimberly D Ocampo
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 6Th Avenue Se
 City State Zip Code
 Decatur AL 35601-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 34117141
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	116.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
 Aledo TX 76008-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 999.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 34117143

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
B. Dr Greg A Caldwell

Mailing Address 225 Terrace Drive

City State Zip Code
 Lilly PA 15938-5819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1833.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 34117144

Amount of Each Receipt this Period
 166.67

Full Name (Last, First, Middle Initial)
c. Dr Sarah C Gordon

Mailing Address 252 Inverness Center Dr

City State Zip Code
 Birmingham AL 35242-4834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2011
Transaction ID : 34117146

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kathy Chriqui
 Full Name (Last, First, Middle Initial)
 Mailing Address 18211 Calvert St
 City Tarzana State CA Zip Code 91335-7002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011
Transaction ID : 34117227
 Amount of Each Receipt this Period
 250.00

B. Dr Don H Sipola
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 10Th St So
 City Virginia State MN Zip Code 55792
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011
Transaction ID : 34117271
 Amount of Each Receipt this Period
 125.00

C. Dr John Michael Burke
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Orchard Park Dr
 City Advance State NC Zip Code 27006-7481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011
Transaction ID : 34117274
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mark G Everett
Full Name (Last, First, Middle Initial)

Mailing Address 3316 West Eagles Nest Lane

City State Zip Code
Spokane WA 99208-8760

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011
Transaction ID : 34117276

Amount of Each Receipt this Period
250.00

B. Dr Christine J Janty
Full Name (Last, First, Middle Initial)

Mailing Address 354 Brimhall St

City State Zip Code
Saint Paul MN 55105-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011
Transaction ID : 34117277

Amount of Each Receipt this Period
250.00

C. Dr Edward F Stein
Full Name (Last, First, Middle Initial)

Mailing Address 25015 Oakbrooke Drive

City State Zip Code
Southfield MI 48033-2519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2011
Transaction ID : 34117278

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Louise Di Chiara Pastore			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 Transaction ID : 34117279
Mailing Address 14 Firglade Drive			Amount of Each Receipt this Period 365.00
City Cranston	State RI	Zip Code 02920-4608	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr William W St Vincent Jr			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 Transaction ID : 34117280
Mailing Address 60 Aaron Avenue			Amount of Each Receipt this Period 250.00
City Bristol	State RI	Zip Code 02809-1548	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Dr Dorothy L Hitchmoth			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011 Transaction ID : 34117282
Mailing Address Po Box 302 106 Davis Hill Road			Amount of Each Receipt this Period 166.00
City New London	State NH	Zip Code 03257-0302	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2158.00		

SUBTOTAL of Receipts This Page (optional).....▶	781.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Marty S Traylor
Full Name (Last, First, Middle Initial)

Mailing Address 3720 W Parrish Ave

City Owensboro State KY Zip Code 42301-3325

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 12 / 2011
Transaction ID : 34117283

Amount of Each Receipt this Period 125.00

B. Dr Linda M Chous
Full Name (Last, First, Middle Initial)

Mailing Address 1295 W Royal Oaks Drive

City Shoreview State MN Zip Code 55126-8478

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.01

Date of Receipt 12 / 15 / 2011
Transaction ID : 34119024

Amount of Each Receipt this Period 90.91

C. Dr Mark J Hennen
Full Name (Last, First, Middle Initial)

Mailing Address 1613 Atwater Path

City Inver Grove Heights State MN Zip Code 55077-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 15 / 2011
Transaction ID : 34119025

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 265.91

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Rick Baxter

Mailing Address 3326 Madrona Beach Rd Nw

City Olympia State WA Zip Code 98502-8868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119028

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Dr Darrell Allen Sorah Jr

Mailing Address 209 Magnolia Dr

City Winder State GA Zip Code 30680-3782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119029

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Dr Vincent W Brandys Jr

Mailing Address 998 Ascot Drive

City Elgin State IL Zip Code 60123-6761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2004.00

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119030

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr David L Parker
Full Name (Last, First, Middle Initial)

Mailing Address 4889 Bobo Place

City Olive Branch State MS Zip Code 38654-8223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119031

Amount of Each Receipt this Period
55.56

B. Dr Jennifer E Davis
Full Name (Last, First, Middle Initial)

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119032

Amount of Each Receipt this Period
41.00

C. Dr Scott L Nehring
Full Name (Last, First, Middle Initial)

Mailing Address 32840 S Meridian Road

City Woodburn State OR Zip Code 97071-8768

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
12 / 15 / 2011
Transaction ID : 34119033

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.56

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jared P Walker
Full Name (Last, First, Middle Initial)

Mailing Address 609 Diamond Dr

City State Zip Code
Kimberly ID 83341-1938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119041

Amount of Each Receipt this Period
30.00

B. Dr Gary P Walker
Full Name (Last, First, Middle Initial)

Mailing Address 1733 W Wild Flower Ln

City State Zip Code
Twin Falls ID 83301-3691

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119042

Amount of Each Receipt this Period
30.00

C. Dr Mamie Cassandra Chan
Full Name (Last, First, Middle Initial)

Mailing Address 13713 Vic Road Ne

City State Zip Code
Albuquerque NM 87112-6602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119047

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 43 OF 126
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Ken A Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 1473 Hillcrest Drive

City Arroyo Grande State CA Zip Code 93420-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011
Transaction ID : 34119833

Amount of Each Receipt this Period
250.00

B. Dr Rhonda F Moser
Full Name (Last, First, Middle Initial)

Mailing Address 1230 B & B Street

City Eunice State LA Zip Code 70535-5950

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011
Transaction ID : 34120112

Amount of Each Receipt this Period
500.00

C. Dr Thomas W Hobbs
Full Name (Last, First, Middle Initial)

Mailing Address 13 Ne 550 Rd

City Warrensburg State MO Zip Code 64093-7473

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2011
Transaction ID : 34121164

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Ron W Roelfs
Full Name (Last, First, Middle Initial)

Mailing Address 1304 Shepherd Ave

City Waverly State IA Zip Code 50677-9632

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **12 / 16 / 2011**

Transaction ID : 34121165

Amount of Each Receipt this Period **35.00**

B. Dr Bruce L Manning
Full Name (Last, First, Middle Initial)

Mailing Address 8190 Crossgate Ct N

City Dublin State OH Zip Code 43017-8431

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt **12 / 16 / 2011**

Transaction ID : 34121167

Amount of Each Receipt this Period **31.00**

C. Dr Lee Ann Barrett
Full Name (Last, First, Middle Initial)

Mailing Address 1199 E Morgan

City Boonville State MO Zip Code 65233-1336

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Optometric Association, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 17 / 2011**

Transaction ID : 34122289

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **116.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Barry J Jose
 Full Name (Last, First, Middle Initial)
 Mailing Address 2409 Wintersteen Rd
 City State Zip Code
 Plattsmouth NE 68048-8958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : 34122290
 Amount of Each Receipt this Period
 300.00

B. Dr Sarah J Hudson
 Full Name (Last, First, Middle Initial)
 Mailing Address 284 Richards Ave Unit 2
 City State Zip Code
 Portsmouth NH 03801-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : 34122292
 Amount of Each Receipt this Period
 125.00

C. Dr Freddie M Mayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 Magnolia Drive
 City State Zip Code
 Central City KY 42330-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2011
Transaction ID : 34122294
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 205.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Gregory Allen Browning
Full Name (Last, First, Middle Initial)

Mailing Address 1 Fairwood Lane

City Ceredo State WV Zip Code 25507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **462.50**

Date of Receipt **12 / 17 / 2011**

Transaction ID : 34122298

Amount of Each Receipt this Period **70.00**

B. Dr Jason A Ricks
Full Name (Last, First, Middle Initial)

Mailing Address 108 Agate Drive

City Lewistown State MT Zip Code 59457-3202

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 18 / 2011**

Transaction ID : 34122324

Amount of Each Receipt this Period **30.00**

C. Dr Harue Jean Marsden
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Prospect Avenue Unit D

City Placentia State CA Zip Code 92870-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.08**

Date of Receipt **12 / 18 / 2011**

Transaction ID : 34122325

Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional)..... **183.34**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Scott M Burks
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 1351

City Buffalo State MO Zip Code 65622-1351

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 19 / 2011
Transaction ID : 34122330

Amount of Each Receipt this Period 100.00

B. Mr Richard Cornett
Full Name (Last, First, Middle Initial)

Mailing Address Ohio Optometric Assn, Inc
250 E Wilson-Bridge Rd #240

City Worthington State OH Zip Code 43085-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Optometric Association, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 19 / 2011
Transaction ID : 34122331

Amount of Each Receipt this Period 250.00

C. Dr Philip Dunne Flynn
Full Name (Last, First, Middle Initial)

Mailing Address 122 Palmetto Hall Drive

City Lexington State SC Zip Code 29072-7894

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2011
Transaction ID : 34122332

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Scott M Pearl
Full Name (Last, First, Middle Initial)

Mailing Address 2245 Nw 142Nd Way

City State Zip Code
Pembroke Pines FL 33028-2862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.04

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 34122334

Amount of Each Receipt this Period
41.67

B. Dr Mitchell Todd Munson
Full Name (Last, First, Middle Initial)

Mailing Address 9940 S Ashleigh Way

City State Zip Code
Highlands Ranch CO 80126-4244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1999.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 34122335

Amount of Each Receipt this Period
166.94

C. Dr Susan M Brunnett
Full Name (Last, First, Middle Initial)

Mailing Address 9940 S Ashleigh Way

City State Zip Code
Highlands Ranch CO 80126-4244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 34122336

Amount of Each Receipt this Period
83.47

SUBTOTAL of Receipts This Page (optional).....▶	292.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Lane

City State Zip Code
 North Kingstown RI 02852-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : 34122337

Amount of Each Receipt this Period
 40.56

Full Name (Last, First, Middle Initial)
B. Dr Pamela J Blodgett

Mailing Address 22 Carrie Lane

City State Zip Code
 N Kingstown RI 02852-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : 34122338

Amount of Each Receipt this Period
 40.56

Full Name (Last, First, Middle Initial)
C. Dr Michael Bacigalupi

Mailing Address 622 Se 13Th Street

City State Zip Code
 Ft Lauderdale FL 33316-2023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 273.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : 34122339

Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ **111.54**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Desiree Tyer Hopping
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 Creekside Dr
 City Friendswood State TX Zip Code 77546-7821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2181.84

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : 34122341
 Amount of Each Receipt this Period
 181.82

B. Dr Robert G Le Sage
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Burgundy Dr
 City Fort Myers State FL Zip Code 33919-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : 34141317
 Amount of Each Receipt this Period
 250.00

C. Dr Rose Marie Betz
 Full Name (Last, First, Middle Initial)
 Mailing Address 7300 N Bluff Drive
 City Tuscaloosa State AL Zip Code 35406-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : 34141319
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	531.82
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Samuel Cooper Smart
Full Name (Last, First, Middle Initial)

Mailing Address 7 Derby Drive

City Fredericksburg State VA Zip Code 22405-3315

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34141322

Amount of Each Receipt this Period
250.00

B. Dr Anthony J Mancuso
Full Name (Last, First, Middle Initial)

Mailing Address 81 Hunter Rd

City Blairsville State PA Zip Code 15717-8003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34141340

Amount of Each Receipt this Period
365.00

C. Dr Kevin L Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 2116 Wildwood Court

City Fullerton State CA Zip Code 92831-1339

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : 34145925

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Rob Pate
Full Name (Last, First, Middle Initial)
Mailing Address 312 Bent Creek Way
City Chelsea State AL Zip Code 35043-6024
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.04

Date of Receipt 12 / 20 / 2011
Transaction ID : 34145926
Amount of Each Receipt this Period 16.67

B. Dr Robert J Parks
Full Name (Last, First, Middle Initial)
Mailing Address 332 Sweet Allen Farm Rd
City Wakefield State RI Zip Code 02879-1492
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 888.88

Date of Receipt 12 / 20 / 2011
Transaction ID : 34145927
Amount of Each Receipt this Period 111.11

C. Dr Mark A Taylor
Full Name (Last, First, Middle Initial)
Mailing Address 527 E 1500 S
City Kaysville State UT Zip Code 84037-3032
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Doctor of Optometry
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 12 / 20 / 2011
Transaction ID : 34145928
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 147.78
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Wayne Maltz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10801 Valley Hills
 City Houston State TX Zip Code 77071-1610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34145930
 Amount of Each Receipt this Period
100.00

B. Dr Marc Robert Bloomenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 E Calavar Rd
 City Scottsdale State AZ Zip Code 85254-2869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34145932
 Amount of Each Receipt this Period
100.00

C. Dr David S Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address 8720 52Nd St Ct W
 City University Pl State WA Zip Code 98467-1758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1008.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146638
 Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional).....▶	284.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr David S Cook

Mailing Address 6460 Devon Ln

City State Zip Code
 Cadillac MI 49601-9549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146639

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Dr Donald W Furman

Mailing Address 855 11Th St Place

City State Zip Code
 Garner IA 50438-1847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1008.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146640

Amount of Each Receipt this Period
 84.00

Full Name (Last, First, Middle Initial)
C. Dr Paul L Gustafson

Mailing Address 159 Sunflower

City State Zip Code
 Casper WY 82604-3805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146642

Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **139.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Thomas L Lim
 Full Name (Last, First, Middle Initial)
 Mailing Address 1136 Thorntree Court
 City San Jose State CA Zip Code 95120-1740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146643
 Amount of Each Receipt this Period
41.67

B. Dr Marty S Traylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3720 W Parrish Ave
 City Owensboro State KY Zip Code 42301-3325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146644
 Amount of Each Receipt this Period
125.00

C. Dr Gene D Calkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 Capitol Dr #47
 City San Pedro State CA Zip Code 90732-2269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34146645
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **266.67**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kent Hillery
Full Name (Last, First, Middle Initial)

Mailing Address 16448 Country Club Drive

City Peosta State IA Zip Code 52068-9710

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
12 / 21 / 2011
Transaction ID : **34146647**

Amount of Each Receipt this Period
50.00

B. Dr Daniel Dawson Coyle
Full Name (Last, First, Middle Initial)

Mailing Address 310 Tea Farm Road

City Summerville State SC Zip Code 29483-4218

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
12 / 21 / 2011
Transaction ID : **34146648**

Amount of Each Receipt this Period
125.00

C. Dr Michael E Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 4940 Victoria Place

City Guthrie State OK Zip Code 73044-8668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed
Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt
12 / 21 / 2011
Transaction ID : **34146649**

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **341.67**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Henry B Ford
Full Name (Last, First, Middle Initial)

Mailing Address 110 Stanley Drive

City Galax State VA Zip Code 24333-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 19 / 2011
Transaction ID : 34171813

Amount of Each Receipt this Period
250.00

B. Dr Terry Lee Schitoskey
Full Name (Last, First, Middle Initial)

Mailing Address 1920 Centerview

City Midland State TX Zip Code 79707-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 19 / 2011
Transaction ID : 34171814

Amount of Each Receipt this Period
250.00

C. Dr Denise Quinton Shepard
Full Name (Last, First, Middle Initial)

Mailing Address 331 Mason Drive

City Ringgold State GA Zip Code 30736-5403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 19 / 2011
Transaction ID : 34171818

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Anna Fong

Mailing Address 2523 Van Ness Lake

City State Zip Code
 Fresno CA 93704-5546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : 34171823

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Willa A Hisle

Mailing Address 30 Portola Avenue

City State Zip Code
 Monterey CA 93940-3732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : 34171833

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Charles A Richards

Mailing Address 16250 Monache Rd

City State Zip Code
 Apple Valley CA 92307-1409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2011
Transaction ID : 34171853

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **750.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Matthew J Maki
 Full Name (Last, First, Middle Initial)
 Mailing Address 372 Split Rail Ridge
 City State Zip Code
 Williamston MI 48895-1668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34178256
 Amount of Each Receipt this Period
 25.00

B. Dr David K Talley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1698 Brookside Drive
 City State Zip Code
 Germantown TN 38138-2531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34178261
 Amount of Each Receipt this Period
 85.00

C. Dr Blaine F Bird
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 E 775 S
 City State Zip Code
 Springville UT 84663-3206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34178262
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	140.42
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Charles Richard Gilliam
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Dorado Drive
 City High Point State NC Zip Code 27265-8670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34178263
 Amount of Each Receipt this Period
125.00

B. Dr James R Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 Surrey Lane
 City Idaho Falls State ID Zip Code 83404-7143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34178268
 Amount of Each Receipt this Period
45.00

C. Dr Joseph J Jordan Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 Laconia Rd
 City Tilton State NH Zip Code 03276-5223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.04**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180104
 Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... **336.67**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Barry J Barresi
 Full Name (Last, First, Middle Initial)
 Mailing Address 659 Spyglass Summit Drive
 City State Zip Code
 Chesterfield MO 63017-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180105
 Amount of Each Receipt this Period
 166.67

B. Dr Paul Anton Hodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3042 118Th Ave
 City State Zip Code
 Allegan MI 49010-9555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180110
 Amount of Each Receipt this Period
 50.00

C. Dr Chris R Deibert
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Johnson Drive
 City State Zip Code
 Luray VA 22835-9705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180112
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.67
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Thomas E Nye
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Tabor Lane
 City Hamilton State OH Zip Code 45013-5118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1069.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180113
 Amount of Each Receipt this Period
 100.00

B. Dr Kathleen E Goff
 Full Name (Last, First, Middle Initial)
 Mailing Address 114 Crested Peak
 City Santa Teresa State NM Zip Code 88008-9423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1036.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2011
Transaction ID : 34180114
 Amount of Each Receipt this Period
 86.36

C. Dr Dennis M Brtva
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Pebblebrook Ct
 City Bloomington State IL Zip Code 61705-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : 34180249
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....▶	271.36
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Dori M Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 0
 City Park River State ND Zip Code 58270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : 34180250
 Amount of Each Receipt this Period
 163.64

B. Dr Steven Thomas Reed
 Full Name (Last, First, Middle Initial)
 Mailing Address 4550 Simpson Hwy 28 W
 City Magee State MS Zip Code 39111-5187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : 34180251
 Amount of Each Receipt this Period
 90.00

C. Dr Peter V Candela
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 614
 City Blythewood State SC Zip Code 29016-0614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : 34180252
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	336.98
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Leon Michael Favede
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Harbel Drive
 City State Zip Code
 Saint Clairsville OH 43950-1081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 504.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2011
Transaction ID : 34180254
 Amount of Each Receipt this Period
 126.00

B. Dr Shannon C Franklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Cranberry Lane
 City State Zip Code
 Crozet VA 22932-3160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : 34180256
 Amount of Each Receipt this Period
 50.00

C. Dr Steven D Sloan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1723 Carriage Hill Court
 City State Zip Code
 Dubuque IA 52003-8584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : 34180257
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 196.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Beth A Kneib
 Full Name (Last, First, Middle Initial)
 Mailing Address 602 Nw 163Rd St
 City Shoreline State WA Zip Code 98177-3727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : 34180258
 Amount of Each Receipt this Period
 41.67

B. Dr Mario Joseph Contaldi
 Full Name (Last, First, Middle Initial)
 Mailing Address 7728 Mid-Cities Blvd
 City North Richland Hills State TX Zip Code 76180-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : 34180259
 Amount of Each Receipt this Period
 90.91

C. Dr Joe Wesley De Loach
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Edgelake Drive
 City Dallas State TX Zip Code 75218-2111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1199.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2011
Transaction ID : 34180260
 Amount of Each Receipt this Period
 109.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 241.58
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr John S Bowen
Full Name (Last, First, Middle Initial)

Mailing Address 2570 Northshore Blvd Ste 200

City Flower Mound	State TX	Zip Code 75028-8386
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **924.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2011

Transaction ID : 34180261

Amount of Each Receipt this Period

84.00

B. Dr Stacie Layne Virden
Full Name (Last, First, Middle Initial)

Mailing Address 2432 Lake Air Drive

City Waco	State TX	Zip Code 76710-1611
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.01**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2011

Transaction ID : 34180262

Amount of Each Receipt this Period

90.91

C. Dr Ashley K Mc Ferron
Full Name (Last, First, Middle Initial)

Mailing Address 5079 W Sunset Dr

City Lake Oswego	State OR	Zip Code 97035-4253
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2011

Transaction ID : 34180264

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	216.58
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert M Theaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Wyndemere Vale
 City Monterey State CA Zip Code 93940-5811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt
 12 / 25 / 2011
Transaction ID : 34180265
 Amount of Each Receipt this Period
 500.00

B. Dr Donald Lester Watson
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 San Marco Drive
 City Tybee Island State GA Zip Code 31328-9706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 12 / 25 / 2011
Transaction ID : 34180266
 Amount of Each Receipt this Period
 50.00

C. Dr Richard L Talkington
 Full Name (Last, First, Middle Initial)
 Mailing Address 461 Pleasant St P.O. Box 521
 City Franklin State NH Zip Code 03235-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1300.00

Date of Receipt
 12 / 26 / 2011
Transaction ID : 34180267
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Pamela E Theriot

Mailing Address 3 Pebble Hill Road

City State Zip Code
 N Dewitt NY 13214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2011
Transaction ID : 34180268

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dr Jonathan Toso

Mailing Address 1101 Angel Ln

City State Zip Code
 Canton SD 57013-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2011
Transaction ID : 34180269

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
c. Dr D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City State Zip Code
 Las Vegas NV 89144-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2011
Transaction ID : 34180270

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr C. Thomas Crooks III
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Highland Lakes Trail
 City Birmingham State AL Zip Code 35242-6886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : 34180272
 Amount of Each Receipt this Period
 500.00

B. Dr Maryjane Healey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6710 124Th Place Se
 City Snohomish State WA Zip Code 98296-8649
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : 34180273
 Amount of Each Receipt this Period
 200.00

C. Dr Frank Edward Puckett
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 509
 City Monument State CO Zip Code 80132-0509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : 34190026
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jeffrey William Case
Full Name (Last, First, Middle Initial)

Mailing Address 818 Breckenridge Drive

City Branchburg State NJ Zip Code 08876-3692

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 21 / 2011
Transaction ID : 34190076

Amount of Each Receipt this Period
500.00

B. Dr Bernard H Scott
Full Name (Last, First, Middle Initial)

Mailing Address 1204 Old County Rd

City Daphne State AL Zip Code 36526-4448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
12 / 21 / 2011
Transaction ID : 34190077

Amount of Each Receipt this Period
365.00

C. Dr Scott F Kenitz
Full Name (Last, First, Middle Initial)

Mailing Address 6003 Shagbark Lane

City Hartford State WI Zip Code 53027-9487

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 21 / 2011
Transaction ID : 34190094

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Samuel Dunkin Cooke
Full Name (Last, First, Middle Initial)

Mailing Address 22 Southridge Ct

City Batesville State AR Zip Code 72501-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34190095

Amount of Each Receipt this Period 200.00

B. Dr Nicholas B Weber
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Vine Street

City Ironton State OH Zip Code 45638-2664

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34190096

Amount of Each Receipt this Period 200.00

C. Dr Jerry L Mc Combs
Full Name (Last, First, Middle Initial)

Mailing Address 800 Magnolia Street

City Teague State TX Zip Code 75860-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34190099

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 650.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr James R Ogden
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Nw High St
 Box 250
 City Goldendale State WA Zip Code 98620-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34190103
 Amount of Each Receipt this Period
 250.00

B. Dr Lillian T Kalaczinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 7421 Treeline Dr Se
 City Grand Rapids State MI Zip Code 49546-7465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190344
 Amount of Each Receipt this Period
 25.00

C. Dr George W Hertneky
 Full Name (Last, First, Middle Initial)
 Mailing Address 16862 County Road 28
 City Brush State CO Zip Code 80723-9424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190347
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Sue E Lowe
Full Name (Last, First, Middle Initial)

Mailing Address 1704 Skyline Drive

City Laramie State WY Zip Code 82070-8932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190348

Amount of Each Receipt this Period
166.67

B. Dr Erica V Lukasko
Full Name (Last, First, Middle Initial)

Mailing Address 119 Constitution Dr

City Lafayette State LA Zip Code 70503-6323

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190349

Amount of Each Receipt this Period
25.00

C. Dr Ron Benner
Full Name (Last, First, Middle Initial)

Mailing Address 1408 E Maryland

City Laurel State MT Zip Code 59044-2238

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190350

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional).....▶	358.34
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Neil W Draisin
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Fairway Village Lane
 City State Zip Code
 Isle Of Palms SC 29451-2732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190351
 Amount of Each Receipt this Period
 41.67

B. Dr Jennifer M Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Sea Cotton Cir
 City State Zip Code
 Charleston SC 29412-8296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190352
 Amount of Each Receipt this Period
 41.67

C. Dr Sarah L Lopper
 Full Name (Last, First, Middle Initial)
 Mailing Address 7824 Ingrams Ridge Dr
 City State Zip Code
 Cincinnati OH 45244-2990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190354
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 103.34
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert G Goerss
Full Name (Last, First, Middle Initial)

Mailing Address 3120 Brookford Drive

City Saint Charles State MO Zip Code 63303-6356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190355

Amount of Each Receipt this Period **50.00**

B. Dr Thomas J Landry
Full Name (Last, First, Middle Initial)

Mailing Address 9 Greenridge Drive

City Painted Post State NY Zip Code 14870-9388

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190356

Amount of Each Receipt this Period **50.00**

C. Dr Trevor J Cleveland
Full Name (Last, First, Middle Initial)

Mailing Address 1610 Wilson Court

City Eugene State OR Zip Code 97402-3361

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190357

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Lanny F Duclos Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3795 Sunvalley

City Grantsville State UT Zip Code 84029-8512

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190359

Amount of Each Receipt this Period **50.00**

B. Dr Michele R Haranin
Full Name (Last, First, Middle Initial)

Mailing Address 301 Concord Road

City Dover State DE Zip Code 19904-9100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190360

Amount of Each Receipt this Period **50.00**

C. Dr Craig M Brammer
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 487

City Crowley State LA Zip Code 70527-0487

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190361

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **350.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr William L Ratcliff
Full Name (Last, First, Middle Initial)

Mailing Address 530 10Th Street

City State Zip Code
Huntington WV 25701-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : 34190362

Amount of Each Receipt this Period
420.00

B. Dr Heidi L Schefferly
Full Name (Last, First, Middle Initial)

Mailing Address 4877 W Territorial Rd

City State Zip Code
Rives Junction MI 49277-9639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : 34190363

Amount of Each Receipt this Period
50.00

C. Dr A. Dennis Olmstead
Full Name (Last, First, Middle Initial)

Mailing Address 6499 Thorngate Road

City State Zip Code
East Lansing MI 48823-9756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : 34190364

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 122.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jan L Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 101 Chandler West

City Highland	State CA	Zip Code 92346-5482
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190366

Amount of Each Receipt this Period
187.50

B. Dr Peter H Kehoe
Full Name (Last, First, Middle Initial)
Mailing Address 789 N Broad

City Galesburg	State IL	Zip Code 61401-2766
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190367

Amount of Each Receipt this Period
175.00

C. Dr Lynn A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1424 Tiffany Lane Se

City Rio Rancho	State NM	Zip Code 87124-0976
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190369

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	445.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jeffrey W Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Northcastle St
 City Longview State TX Zip Code 75604-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190372
 Amount of Each Receipt this Period
 83.34

B. Dr Bruce D Krutsinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 15901 Tahoe Dr
 City Jersey Village State TX Zip Code 77040-1243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190373
 Amount of Each Receipt this Period
 83.34

C. Dr Thomas A Lucas Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 Sandy Point Road
 City Harker Heights State TX Zip Code 76548-8680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190374
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mark T Mentzer
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Blairs Ferry Crossing

City Hiawatha State IA Zip Code 52233-7900

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190375

Amount of Each Receipt this Period **300.00**

B. Dr Bill Craig Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Champlin Court

City Richardson State TX Zip Code 75082-4094

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190377

Amount of Each Receipt this Period **250.00**

C. Dr Blaine G Zieman
Full Name (Last, First, Middle Initial)

Mailing Address 2400 32Nd Ave South

City Fargo State ND Zip Code 58104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **12 / 28 / 2011**

Transaction ID : 34190378

Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **355.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Hilaire A Pressley
Full Name (Last, First, Middle Initial)

Mailing Address Pmb 443
8635 W Sahara Avenue

City Las Vegas State NV Zip Code 89117-5858

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190379

Amount of Each Receipt this Period
60.00

B. Dr John L Walters
Full Name (Last, First, Middle Initial)

Mailing Address 47 Mast Hill Road

City Saco State ME Zip Code 04072-9338

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 999.97

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190380

Amount of Each Receipt this Period
135.71

C. Dr Andrea P Thau
Full Name (Last, First, Middle Initial)

Mailing Address 145 East 84Th St Apt 11A

City New York State NY Zip Code 10028-2058

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt
12 / 28 / 2011
Transaction ID : 34190381

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 362.38

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr George W Veliky
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 Oak Grove Ave
 City Hasbrouck Hts State NJ Zip Code 07604-1225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190382
 Amount of Each Receipt this Period
 42.00

B. Dr Ronald J Danner
 Full Name (Last, First, Middle Initial)
 Mailing Address 28093 S Hwy 13
 City Craig State CO Zip Code 81625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190383
 Amount of Each Receipt this Period
 45.00

c. Dr Douglas J Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 988
 City Brookings State OR Zip Code 97415-0021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190388
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 83 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Robert A Sorensen
Full Name (Last, First, Middle Initial)

Mailing Address 11528 N Avondale Loop

City Hayden	State ID	Zip Code 83835-9142
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
502.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190390

Amount of Each Receipt this Period
126.00

B. Dr Mark J Cook
Full Name (Last, First, Middle Initial)

Mailing Address 5698 Mountain Road

City Brighton	State MI	Zip Code 48116-9732
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190392

Amount of Each Receipt this Period
100.00

C. Dr Michael J Veliky
Full Name (Last, First, Middle Initial)

Mailing Address 787 Pony Trail

City Franklin Lakes	State NJ	Zip Code 07417-1549
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2011

Transaction ID : 34190393

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	276.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Michelle A Broderick		Date of Receipt
Mailing Address 7 Broad Sound Ln		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Freeport State ME Zip Code 04032-6297		Transaction ID : 34190394
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="32.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Dr Blaine A Littlefield		Date of Receipt
Mailing Address 27 Wilderness Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Freeport State ME Zip Code 04032-5824		Transaction ID : 34190395
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="33.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="403.00"/>	

Full Name (Last, First, Middle Initial) C. Dr Alan Joseph Mathieu		Date of Receipt
Mailing Address P O Box 132		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
City Raymond State ME Zip Code 04071-0132		Transaction ID : 34190396
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="32.00"/>
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="401.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="97.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Todd M Hamilton		Date of Receipt 12 / 28 / 2011 Transaction ID : 34190397
Mailing Address 278 Falmouth Road		Amount of Each Receipt this Period 32.00
City Windham	State ME	Zip Code 04062-4815
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 401.00	

Full Name (Last, First, Middle Initial) B. Dr Larry G Obie		Date of Receipt 12 / 28 / 2011 Transaction ID : 34190398
Mailing Address 1330 12Th Ave		Amount of Each Receipt this Period 50.00
City Havre	State MT	Zip Code 59501-5401
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr Jeffrey J Kenyon		Date of Receipt 12 / 28 / 2011 Transaction ID : 34190399
Mailing Address 5098 Ravine Drive		Amount of Each Receipt this Period 20.00
City Middleville	State MI	Zip Code 49333-8482
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	102.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kathryn Dingley Gurney
 Full Name (Last, First, Middle Initial)
 Mailing Address 1285 Industry Rd
 City Industry State ME Zip Code 04938-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190400
 Amount of Each Receipt this Period
 50.00

B. Dr Kevin L Gee
 Full Name (Last, First, Middle Initial)
 Mailing Address 9119 Highway 6 #200
 City Missouri City State TX Zip Code 77459-4876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1090.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2011
Transaction ID : 34190402
 Amount of Each Receipt this Period
 90.91

C. Dr Ronald B Coutu
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Curtis Lane
 City Bedford State NH Zip Code 03110-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011
Transaction ID : 34190530
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	640.91
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Kenneth P Clark			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011 Transaction ID : 34190541
Mailing Address 13 Pendexter Rd			Amount of Each Receipt this Period 50.00
City Madbury	State NH	Zip Code 03823-7606	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr Nathan H Drum			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011 Transaction ID : 34190546
Mailing Address 410 Slate Ledge Road			Amount of Each Receipt this Period 50.00
City Littleton	State NH	Zip Code 03561-3419	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00		

Full Name (Last, First, Middle Initial) C. Dr James R Eakin			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011 Transaction ID : 34190547
Mailing Address P O Box 1325			Amount of Each Receipt this Period 50.00
City Laconia	State NH	Zip Code 03247-1325	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Doctor of Optometry		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mark W Harris
Full Name (Last, First, Middle Initial)

Mailing Address 137 Pasture Drive

City Manchester State NH Zip Code 03102-4961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **12 / 22 / 2011**

Transaction ID : 34190550

Amount of Each Receipt this Period **50.00**

B. Dr Sarah J Hudson
Full Name (Last, First, Middle Initial)

Mailing Address 284 Richards Ave Unit 2

City Portsmouth State NH Zip Code 03801-5238

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **12 / 22 / 2011**

Transaction ID : 34190552

Amount of Each Receipt this Period **50.00**

C. Dr Debra A Meese
Full Name (Last, First, Middle Initial)

Mailing Address 169 Wilder Lane

City New London State NH Zip Code 03257-5978

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt **12 / 22 / 2011**

Transaction ID : 34190563

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Richard L Talkington

Full Name (Last, First, Middle Initial)
Mailing Address 461 Pleasant St
P.O. Box 521

City Franklin State NH Zip Code 03235-1885

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
12 / 22 / 2011
Transaction ID : 34190574

Amount of Each Receipt this Period
50.00

B. Dr James Richard Vitale

Full Name (Last, First, Middle Initial)
Mailing Address 161 Main Street

City Plaistow State NH Zip Code 03865-3020

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 22 / 2011
Transaction ID : 34190577

Amount of Each Receipt this Period
50.00

C. Dr Robert Whitney Wyman

Full Name (Last, First, Middle Initial)
Mailing Address 451 Swanzey Lake Road

City W Swanzey State NH Zip Code 03469

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
12 / 22 / 2011
Transaction ID : 34190581

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr F. Jay Kouchich
Full Name (Last, First, Middle Initial)

Mailing Address 29402 Lake Avenue Way

City Frontenac State MN Zip Code 55026-1048

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34192157

Amount of Each Receipt this Period 365.00

B. Dr Arthur W Low
Full Name (Last, First, Middle Initial)

Mailing Address 583 Loch Lomond Court

City Sunnyvale State CA Zip Code 94087-4600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34192187

Amount of Each Receipt this Period 200.00

C. Dr James John Aversa
Full Name (Last, First, Middle Initial)

Mailing Address 311 Pine Street

City Wyckoff State NJ Zip Code 07481-2824

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2011
Transaction ID : 34192189

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 815.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Kenneth C Detring
 Full Name (Last, First, Middle Initial)
 Mailing Address 1241 Broadridge St
 City Jackson State MO Zip Code 63755-9465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34192191
 Amount of Each Receipt this Period
 250.00

B. Dr Michael P Knarr
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Charante Ct Apt T3
 City Glen Burnie State MD Zip Code 21061-5188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34192195
 Amount of Each Receipt this Period
 120.00

C. Dr Anne K Matsushima
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 12Th Avenue
 City Honolulu State HI Zip Code 96816-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2011
Transaction ID : 34192196
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	870.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Mario A Caballero
Full Name (Last, First, Middle Initial)

Mailing Address 1080 Loma De Alma

City El Paso State TX Zip Code 79934

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **12 / 21 / 2011**

Transaction ID : 34192202

Amount of Each Receipt this Period **550.00**

B. Dr Don Edward Mills Jr
Full Name (Last, First, Middle Initial)

Mailing Address 121 Colony Drive

City Mooresville State NC Zip Code 28115-2873

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 21 / 2011**

Transaction ID : 34192205

Amount of Each Receipt this Period **250.00**

C. Dr Kenneth Whitten Best
Full Name (Last, First, Middle Initial)

Mailing Address 21223 Country Club Dr

City Cornelius State NC Zip Code 28031-6627

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **12 / 21 / 2011**

Transaction ID : 34192207

Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **1165.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Irene Koga
Full Name (Last, First, Middle Initial)

Mailing Address 1556 15Th Ave

City San Francisco State CA Zip Code 94122-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 34192894

Amount of Each Receipt this Period 365.00

B. Dr Stuart G Bark
Full Name (Last, First, Middle Initial)

Mailing Address 26762 N 114Th Way

City Scottsdale State AZ Zip Code 85262-8035

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 34192895

Amount of Each Receipt this Period 250.00

C. Dr Charles R Pruden Jr
Full Name (Last, First, Middle Initial)

Mailing Address 2007 Hermitage Rd

City Wilson State NC Zip Code 27896-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2011
Transaction ID : 34192906

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Serge W Wright
Full Name (Last, First, Middle Initial)

Mailing Address 30 Pinion Shadow Circle

City Sedona State AZ Zip Code 86336-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 34192915

Amount of Each Receipt this Period
250.00

B. Dr Edward S Maslansky
Full Name (Last, First, Middle Initial)

Mailing Address 4 Cypress Lane

City Marlboro State NJ Zip Code 07746-1131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 34192916

Amount of Each Receipt this Period
200.00

C. Dr Michael Warren Alexander
Full Name (Last, First, Middle Initial)

Mailing Address 1807 Country Garden Dr.

City Shelby State NC Zip Code 28150-6165

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 23 / 2011
Transaction ID : 34192917

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Norma Ann G Swenson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 Transaction ID : 34192919
Mailing Address 6 Country Parkway		Amount of Each Receipt this Period 200.00
City North Providence	State RI	Zip Code 02911-2602
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr Scott A Bowser		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2011 Transaction ID : 34192939
Mailing Address 106 Cameron Place		Amount of Each Receipt this Period 250.00
City Smyrna	State GA	Zip Code 30080-6748
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Todd A Hackney		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2011 Transaction ID : 34192944
Mailing Address 3319 Westwater Rd		Amount of Each Receipt this Period 250.00
City Moab	State UT	Zip Code 84532-3516
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Lee R Goodfellow
 Full Name (Last, First, Middle Initial)
 Mailing Address 2130 Hartman Ct Se
 City Caledonia State MI Zip Code 49316-8444
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 12 / 30 / 2011
Transaction ID : 34193054
 Amount of Each Receipt this Period 125.00

B. Dr Tenesha A Bazemore
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 Dexter Street East Suite B
 City Chesapeake State VA Zip Code 23324-3056
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 365.00

Date of Receipt 12 / 30 / 2011
Transaction ID : 34198621
 Amount of Each Receipt this Period 365.00

C. Dr Michael J Haynes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1460 Avant Road
 City West Monroe State LA Zip Code 71291-7500
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 365.00

Date of Receipt 12 / 28 / 2011
Transaction ID : 34208424
 Amount of Each Receipt this Period 91.25

SUBTOTAL of Receipts This Page (optional)..... 581.25
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Nathaniel D Robinson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011 Transaction ID : 34208427
Mailing Address Rr 1 Box 1276		Amount of Each Receipt this Period 300.00
City Huntington	State TX	Zip Code 75949-9717
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr William Allen Bordwell		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 Transaction ID : 34208435
Mailing Address 409 Robinson Drive		Amount of Each Receipt this Period 365.00
City Geneseo	State IL	Zip Code 61254
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 965.00	

Full Name (Last, First, Middle Initial) C. Dr Terry Lynn Adams		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 Transaction ID : 34208437
Mailing Address 3425 17Th Ave		Amount of Each Receipt this Period 40.00
City Scottsbluff	State NE	Zip Code 69361-3906
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Doctor of Optometry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	705.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr John Eugene Bateman
 Full Name (Last, First, Middle Initial)
 Mailing Address 14528 Fir Circle
 City State Zip Code
 Plattsmouth NE 68048-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208440
 Amount of Each Receipt this Period
 92.00

B. Dr Jeremy D Baumfalk
 Full Name (Last, First, Middle Initial)
 Mailing Address 8201 Russwood Circle
 City State Zip Code
 Lincoln NE 68505-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 284.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208441
 Amount of Each Receipt this Period
 74.00

C. Dr Bradley J. Blumenstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 E Tipperary
 City State Zip Code
 Oneill NE 68763-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Doctor of Optometry
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 488.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208442
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 266.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Brian D Brightman
Full Name (Last, First, Middle Initial)

Mailing Address 14000 Brush Creek Pl

City Roca State NE Zip Code 68430-4403

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **466.67**

Date of Receipt **12 / 29 / 2011**

Transaction ID : 34208443

Amount of Each Receipt this Period **100.00**

B. Dr Richard Kent Bunger
Full Name (Last, First, Middle Initial)

Mailing Address 4169 Springview Dr

City Grand Island State NE Zip Code 68803-6507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 29 / 2011**

Transaction ID : 34208444

Amount of Each Receipt this Period **20.00**

C. Dr Karen Ann Culbertson
Full Name (Last, First, Middle Initial)

Mailing Address 1204 N 128 Circle

City Omaha State NE Zip Code 68154-1286

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **298.67**

Date of Receipt **12 / 29 / 2011**

Transaction ID : 34208447

Amount of Each Receipt this Period **64.00**

SUBTOTAL of Receipts This Page (optional).....▶	184.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 100 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr James W Devine

Mailing Address 8600 Martell Road

City State Zip Code
 Hickman NE 68372-9789

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 466.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208448

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Dr Janet Rose Fett

Mailing Address 517 So Ridge Dr

City State Zip Code
 S Sioux City NE 68776

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 433.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208449

Amount of Each Receipt this Period
 59.00

Full Name (Last, First, Middle Initial)
C. Dr Roger Francis Filips

Mailing Address P O Box 548

City State Zip Code
 Hartington NE 68739-0548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208450

Amount of Each Receipt this Period
 74.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 233.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Gary D Finn

Mailing Address 1819 N 115Th Plaza #3202

City State Zip Code
 Omaha NE 68154-4638

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 336.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208451

Amount of Each Receipt this Period
 72.00

Full Name (Last, First, Middle Initial)
B. Dr Teri Geist

Mailing Address 15620 Grant Circle

City State Zip Code
 Omaha NE 68116-2416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208452

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
C. Dr Philip L Gildersleeve

Mailing Address Rural Route 1

City State Zip Code
 Oneill NE 68763-9801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 466.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208453

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **372.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Scott L Greder

Mailing Address 2105 S 63Rd St Apt 8

City State Zip Code
 Omaha NE 68106-2100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208454

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Dr Brian Donald Hinkley

Mailing Address 5430 Sawgrass Drive

City State Zip Code
 Lincoln NE 68526-9625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 466.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208456

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Dr Chad S Hudnall

Mailing Address 4109 Norseman Ave

City State Zip Code
 Grand Island NE 68803-2254

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208457

Amount of Each Receipt this Period
 65.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 565.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Donald E Koeber
Full Name (Last, First, Middle Initial)

Mailing Address 1010 Lilac Lane

City Wayne State NE Zip Code 68787-1108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208458

Amount of Each Receipt this Period
56.00

B. Dr Jeff G Kozal
Full Name (Last, First, Middle Initial)

Mailing Address 5915 Avenue O PI

City Kearney State NE Zip Code 68847-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208460

Amount of Each Receipt this Period
92.00

C. Dr Dean Lowell Lauritzen
Full Name (Last, First, Middle Initial)

Mailing Address 1097 Highway 9

City West Point State NE Zip Code 68788-3581

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208461

Amount of Each Receipt this Period
92.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Larry M Magnuson
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Fairacres Road
 City Wayne State NE Zip Code 68787-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **254.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208462
 Amount of Each Receipt this Period
54.00

B. Dr Roger C Mc Cartney
 Full Name (Last, First, Middle Initial)
 Mailing Address P O Box 312
 City Ord State NE Zip Code 68862-0312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208463
 Amount of Each Receipt this Period
74.00

C. Dr Walter C Mc Cormick
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Tibbals
 City Holdrege State NE Zip Code 68949-1653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **306.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208464
 Amount of Each Receipt this Period
102.00

SUBTOTAL of Receipts This Page (optional)..... **230.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Jeffrey Thomas O'Connor
Full Name (Last, First, Middle Initial)

Mailing Address 3521 Sunset

City North Platte State NE Zip Code 69101-0327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208467

Amount of Each Receipt this Period
400.00

B. Dr Gary L Pedersen
Full Name (Last, First, Middle Initial)

Mailing Address 2333 Stagecoach Rd

City Grand Island State NE Zip Code 68801-7347

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208468

Amount of Each Receipt this Period
40.00

C. Dr Richard L Powell
Full Name (Last, First, Middle Initial)

Mailing Address 820 Manchester Circle

City Lincoln State NE Zip Code 68528-1043

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 466.66

Date of Receipt
12 / 29 / 2011
Transaction ID : 34208469

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	540.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Wayne E Quincy
Full Name (Last, First, Middle Initial)

Mailing Address 1024 Hancock Street

City Holdrege State NE Zip Code 68949-1749

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : 34208470

Amount of Each Receipt this Period
48.00

B. Dr Douglas C Rienks
Full Name (Last, First, Middle Initial)

Mailing Address 7239 South 41St

City Lincoln State NE Zip Code 68516-3065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : 34208471

Amount of Each Receipt this Period
300.00

C. Dr Steven P Sandman
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Wildwood Cir

City Beatrice State NE Zip Code 68310-5149

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **466.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : 34208472

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	448.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Joseph Leon Shetler
Full Name (Last, First, Middle Initial)

Mailing Address 136 N Pine Street

City Gordon State NE Zip Code 69343-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.67

Date of Receipt 12 / 29 / 2011
Transaction ID : 34208474

Amount of Each Receipt this Period 64.00

B. Dr Mark H Stines
Full Name (Last, First, Middle Initial)

Mailing Address 128 Ponderosa Dr

City Grand Island State NE Zip Code 68803-9646

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 29 / 2011
Transaction ID : 34208475

Amount of Each Receipt this Period 56.00

C. Dr Robert P Todd
Full Name (Last, First, Middle Initial)

Mailing Address 5425 N 166Th St

City Omaha State NE Zip Code 68116-3705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 29 / 2011
Transaction ID : 34208476

Amount of Each Receipt this Period 56.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Mark A Toelle

Mailing Address 16258 Craig Ave

City Bennington State NE Zip Code 68007-1885

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 34208477

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Dr Robert Stephen Vandervort

Mailing Address 16019 Lake Circle

City Omaha State NE Zip Code 68116-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 34208478

Amount of Each Receipt this Period
56.00

Full Name (Last, First, Middle Initial)
C. Dr Vicky Johns Vandervort

Mailing Address 16019 Lake Circle

City Omaha State NE Zip Code 68116-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2011

Transaction ID : 34208479

Amount of Each Receipt this Period
56.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **212.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Theodore Raymon Vorhies
 Full Name (Last, First, Middle Initial)
 Mailing Address 2941 Jackson Dr
 City Lincoln State NE Zip Code 68502-5037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **284.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208480
 Amount of Each Receipt this Period
74.00

B. Dr Keith R Wintz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1135 N 2Nd Street
 City Seward State NE Zip Code 68434-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208481
 Amount of Each Receipt this Period
54.00

C. Dr Darren J Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1702 M Street
 City Auburn State NE Zip Code 68305-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **415.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208484
 Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... **203.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Michael P Weisgerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 61269 Coralburst Drive
 City Washington State MI Zip Code 48094-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 34208498
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Dr Mark C Hurst
 Full Name (Last, First, Middle Initial)
 Mailing Address 16834 North Casey Pike Lane
 City Mount Vernon State IL Zip Code 62864-7525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208508
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. Dr Gary D Crowell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1291 N Highway Hwy 99W
 City McMinnville State OR Zip Code 97128-2720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : 34208515
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr Susan Leach Reckell
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 17714
 City Fountain Hills State AZ Zip Code 85269-7714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 34208754
 Amount of Each Receipt this Period
 250.00

B. Dr Luis Navarro
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 Hondo Avenue
 City McAllen State TX Zip Code 78504-6281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 34208758
 Amount of Each Receipt this Period
 500.00

C. Dr Anew Stephen Peyton Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3473 Crystal Lane
 City Lancaster State PA Zip Code 17601-1167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Doctor of Optometry
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : 34208759
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Edward R Levy

Mailing Address 15 Ferndale Rd

City State Zip Code
 New City NY 10956-6308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self Employed Doctor of Optometry

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : 34208762

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	42292.18

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 126
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. United Bank

Mailing Address 3801 Wilson Blvd.

City State Zip Code
Arlington VA 22203-1919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
262.20

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2011
Transaction ID : 34215247

Amount of Each Receipt this Period
37.40

Bank Interest

Full Name (Last, First, Middle Initial)
B. Bank of America

Mailing Address PO Box 790251

City State Zip Code
St. Louis MO 63179

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.33

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2011
Transaction ID : 34229019

Amount of Each Receipt this Period
41.77

Bank Interest

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	79.17
TOTAL This Period (last page this line number only).....▶	79.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Security Industry Association

Mailing Address 635 Slaters Lane
Suite 110

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Room Rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2011

Transaction ID : 34070677

Amount of Each Disbursement this Period

4500.00

Room Rental

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
VISA/MC Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2011

Transaction ID : 34215189

Amount of Each Disbursement this Period

1152.17

VISA/MC Fee

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2011

Transaction ID : 34215196

Amount of Each Disbursement this Period

83.67

Bank Fee

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5735.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
American Express Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2011

Transaction ID : 34215212

Amount of Each Disbursement this Period

225.90

American Express Fee

Full Name (Last, First, Middle Initial)

B. Wachovia Federal

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2011

Transaction ID : 34215223

Amount of Each Disbursement this Period

711.26

Bank Fee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

937.16

TOTAL This Period (last page this line number only)..... ▶

6673.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City State Zip Code
Manchester NH 03105

Purpose of Disbursement
Candidate Contribution

Candidate Name
Kelly Ayotte

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			07			2011					

Transaction ID : 34088403

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu Inc

Mailing Address 700 13th Street Nw
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Candidate Contribution

Candidate Name
Sen. Mary L. Landrieu

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			09			2011					

Transaction ID : 34094737

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. GOAL PAC

Mailing Address PO BOX 30344

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
Committee Contribution

Candidate Name
GOAL PAC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			13			2011					

Transaction ID : 34114610

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAWG PAC

Mailing Address PO BOX 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
Committee Contribution

011

Candidate Name
DAWG PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114623

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114669

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. DWS PAC

Mailing Address P O Box 71147

City Washington State DC Zip Code 20024

Purpose of Disbursement
Committee Contribution

011

Candidate Name
DWS PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114673

Amount of Each Disbursement this Period

1000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address P.O. Box 690353

City Quincy State MA Zip Code 02269

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. William Keating

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34114675

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Mark Critz For Congress Committee

Mailing Address 647 Main Street
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mark Critz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34114677

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. CMR PAC

Mailing Address P.O. Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Committee Contribution

011

Candidate Name

CMR PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34114937

Amount of Each Disbursement this Period

5000.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MIKE R Fund

Mailing Address P.O. Box 65796

City Washington State DC Zip Code 20035

Purpose of Disbursement
Committee Contribution

011

Candidate Name

MIKE R Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114959

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC - MC PAC

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114968

Amount of Each Disbursement this Period

1000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Mailing Address 1341 G Street NW
Suite 200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Committee Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34114986

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34115331

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC

Mailing Address P.O. Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Hawkeye PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34115720

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. PAC to the Future

Mailing Address PMB 3230
268 Bush Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Committee Contribution

011

Candidate Name

PAC to the Future

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2011

Transaction ID : 34116021

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

10000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Karen Bass

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116848

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Andre Carson For Congress

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

Rep. Andre Carson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116849

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. EDPAC

Mailing Address 499 South Capitol ST SW
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement
Committee Contribution

011

Category/
Type

Candidate Name

EDPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116853

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Betty Sutton For Congress

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Betty S. Sutton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116855

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Bill Owens For Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill Owens

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116862

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lamborn For Congress

Mailing Address P.O. Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Doug Lamborn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2011			

Transaction ID : 34116896

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Fincher For Congress

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Stephen Fincher

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119744

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Scott Rigell For Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Scott Rigell

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119745

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Michael C. Burgess M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34119750

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

7500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Horsford For Congress

Mailing Address 6100 Elton Ave Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Mr. Steven Horsford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

Transaction ID : 34119788

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Peters For Congress

Mailing Address P.O. Box 21535

City Detroit State MI Zip Code 48221

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Gary C. Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2011			

Transaction ID : 34119811

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Rob Wittman For Congress

Mailing Address P.O. Box 999

City Montross State VA Zip Code 22520

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Robert J. Wittman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2011			

Transaction ID : 34141343

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code
Santa Barbara CA 93121

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Lois Capps

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 34141345

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City State Zip Code
Catonsville MD 21228

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Benjamin Cardin

Category/
Type

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2011

Transaction ID : 34141352

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Shore PAC

Mailing Address P O Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Shore PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2011

Transaction ID : 34146173

Amount of Each Disbursement this Period

2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinzinger For Congress

Mailing Address PO Box 487

City New Lenox State IL Zip Code 60451

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Adam Kinzinger

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2011

Transaction ID : 34178474

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Candidate Contribution

011

Candidate Name
Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		29		2011

Transaction ID : 34192077

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

TOTAL This Period (last page this line number only)..... ▶

70000.00
